

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number **10541635** Filing Date

Applicant(s) **Vladimir Stoy**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13	1						63					
14		1					64					
15		1					65					
16		1					66					
17	1						67					
18		1					68					
19		1					69					
20		1					70					
21	1						71					
22		1					72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28		1					78					
29	1						79					
30		1					80					
31	1						81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36		1					86					
37	1						87					
38		1					88					
39		1					89					
40		1					90					
41	1						91					
42	1						92					
43		1					93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	9			0		0						
Total Depend		34	↔	0	↔	0	↔					
Total Claims	43	████████		0	████████	0	████████					